# F20000005152

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
3/8/21				
W21000025863				

Office Use Only

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3/20/21



February 24, 2021

JACOB ALLEN 1301 PLANTATION ISLAND DRIVE SUITE 202A ST. AUGUSTINE, FL 32080

SUBJECT: MOZAYIX INTERNATIONAL INC.

Ref. Number: F20000005152

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Moore Regulatory Specialist II

Letter Number: 721A00004083

www.sunbiz.org

Division of the property of th

### **COVER LETTER**

TO: Amendme	nt Section Division of Corporation	ons		
SUBJECT: Moza	yix International, Inc			
50 <b>5</b> 01.01	Name	of Corporation		
DOCUMENT NU	MBER: F20000005152			
The enclosed Amer	ndment and fee are submitted for	filing.		
Please return all co	rrespondence concerning this ma	tter to the following	:	
Jacob Allen				
	Name of Contact Person			
Mozayix Internation	nal, Inc.			
	Firm/Company			
1301 Plantation Isl	and Drive South, Suite 202A			
	Address			
St. Augustine, FL	32080			
	City/State and Zip Code			
ja@rileyrisk.com				
E-mail addre	ss: (to be used for future annual r	eport notification)		
For further informa	tion concerning this matter, plea	se call:		
Jacob Allen		at (	509-4278	
Name	of Contact Person	Area Code	& Daytime	Telephone Number
Enclosed is a check	for the following amount:			
]\$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐ \$43.75 Fili Certified Cop	ng Fee & y	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

## Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA (Pursuant to \$607.1504, F.S.)

## SECTION I (1-3 MUST BE COMPLETED)

2021 MAR -8 AM 8: 21

F20000005	TALE PASSES, F	
1)	Document number of corporation (if known)	
Mozayix International Inc.		
· · ·	ation as it appears on the records of the Depa	
State of Virginia	3. November 1 <b>2</b> 20	20 orized to do business in Florida)
(Incorporated under laws of	of) (Date authority)	orized to do business in Florida)
(4-7 COM	SECTION II 1PLETE ONLY THE APPLICABLE CHA	ANGES)
4. If the amendment changes the name of the corpincorporation? November 12, 2020	poration, when was the change effected unde	r the laws of its jurisdiction of
S. Riley Risk Inc.		
(Name of corporation after the amendment, ad not contained in new name of the corporation)	ding suffix "corporation," "company," or "in	scorporated," or appropriate abbreviation, i
(If new name is unavailable in Florida, enter al	ternate corporate name adopted for the purpo	ose of transacting business in Florida)
6. If the amendment changes the period of d	uration, indicate new period of duration.	
	(New duration)	
7. If the amendment changes the jurisdiction	of incorporation, indicate new jurisdiction.	
	(New jurisdiction)	
8. If amending the registered agent and/or reg new registered agent and/or the new register	gistered office address in Florida, enter the ered office address:	e name of the
Name of New Registered Agent		
····	(Florida street address)	·············
New Registered Office Address:		, Florida
THE MERITAGE PHONE PHONE CO.	(City)	(Zip Code)
New Registered Agent's Signature, if change	ging Registered Agent:	
I hereby accept the appointment as registered	agent. I am familiar with and accept the ob	oligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change: Type of Action Title/ Capacity Address . <u>Name</u> □Add Remove □Add Remove **□**Add Remove □Add Remove  $\square$ Add Remove 10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated. (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

**FILING FEE \$35.00** 

(Typed or printed name of person signing)

## COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION

AT RICHMOND, NOVEMBER 12, 2020

The State Corporation Commission has found the articles of amendment submitted on behalf of

Riley Risk Inc.

(formerly known as MOZAYIX INTERNATIONAL INC.)

to comply with the requirements of law, and confirms payment of all required fees. Therefore, it is ORDERED that this

## CERTIFICATE OF AMENDMENT

be issued and admitted to record with the articles of amendment in the Office of the Clerk of the Commission, effective November 12, 2020.

STATE CORPORATION COMMISSION

By:

Jehmal T. Hudson Commissioner